

# Faculty of Education

## Approval of Thesis Supervisor

University of Lethbridge ID Number

Today's Date (DD/MMM/YYYY)

**This form is to be used to officially designate a Thesis Supervisor for Master of Education students.**

Students should submit the completed form to the Office of Graduate Studies and Research in Education, ensuring the proposed Thesis supervisor has signed the form. To ensure availability of a supervisor, students should contact a potential Thesis supervisor upon completion of approximately half of the courses in the student's program, or as best suited to the cohort schedule.

This form does not constitute registration in the Thesis course(s). For registration procedures contact the Office of Graduate Studies and Research in Education ([edu.masters@uleth.ca](mailto:edu.masters@uleth.ca)).

**NOTE:** Registration in and subsequent withdrawal from the Thesis will impact student transcripts and fees.

**Review the program specific Policies & Procedures for detailed information** ([www.ulethbridge.ca/graduate-studies/policies-procedures](http://www.ulethbridge.ca/graduate-studies/policies-procedures)).

### Student information

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

M.Ed. Program Major:  Counselling Psychology  Educational Leadership  General – Cohort: \_\_\_\_\_

Year/Term of Start in Program: \_\_\_\_\_

Proposed focus of Thesis:

Proposed Thesis title:

### To be completed by Thesis Supervisor (or Co-Supervisors):

***Your signature indicates that you are willing to serve as Thesis Supervisor:***

Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Co-Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Approval:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean, Graduate Studies and Research in Education

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean, School of Graduate Studies

The personal information on this form is collected pursuant to the *Post-secondary Learning Act* and the *Freedom of Information and Protection of Privacy Act* for student program approvals. For questions on the collection, use and disclosure of this information, please contact the University's FOIP Coordinator at 4401 University Drive, Lethbridge, AB T1K 3M4; [foip@uleth.ca](mailto:foip@uleth.ca); 403-332-4620.